



John Elias Baldacci
GOVERNOR

State of Maine
Department of Behavioral and Developmental Services

**PERSON CENTERED ACTION PLAN
FACE SHEET**



Sabra C. Burdick
ACTING
COMMISSIONER

*This face sheet accompanies the annual action plan. A **separate** face sheet is needed for any interim plans*

Consumer Name: <i>Self-explanatory</i>	Name of person writing this plan: <i>Name of person writing the plan</i>
Plan Name: <i>e.g., Tony Annual 03. The plan name is what is displayed on the computer screen to identify the plan. Previous plans are preserved within the EIS, so name each plan to distinguish it from other plans</i>	Facilitator's Organization <i>Please enter the full name of the agency; do not abbreviate</i>
Plan Date: <i>Date of the planning meeting. ALL dates must be mm/dd/yy</i>	ISC Name: <i>Self-explanatory</i>
Plan Type: <input type="checkbox"/> Annual <i>Self-explanatory</i> <input type="checkbox"/> Interim plan <i>An Interim Plan is required for any Unmet Need. If an unmet need is identified as part of the annual plan, check both spaces and attach the interim plan. An Interim Plan written any other time during the year needs its own Face Sheet.</i>	

PLAN DETAILS

Plan End Date: <i>For an annual plan, this will generally be 1 year from the planning date. It could be less than a year if a significant change is expected that would require the team to reconvene and develop a new plan, e.g., the person is currently hospitalized but is expected to recover within 6 months.</i>	ISC Approval Date: <i>Date the ISC reviewed and approved the plan</i>
Consumer Approval Date: <i>Date the person approved the plan. If the person is their own guardian, this box is optional, but their approval must be indicated in the Guardian Signature Date box. If the person is unable to indicate approval, this box may be left blank.</i>	Guardian Approval Date: <i>Date the guardian approved the written plan. If the person has no guardian, enter the date the person approved the plan. This date should be entered before sending the plan to the Regional Office. If the Guardian's approval cannot be obtained within 30 days of the Plan Date, notify the ISC and send the plan to the Regional Office with this box blank</i>
Region: <input type="checkbox"/> 1 <input type="checkbox"/> 2A <input type="checkbox"/> 3B <input type="checkbox"/> 2L <input type="checkbox"/> 3P <input type="checkbox"/> 2T <i>Self-explanatory</i>	

Consumer SSN: <i>Self-explanatory</i>	Consumer EIS ID: <i>self-explanatory. (This ID is not currently available to providers.)</i>
Consumer MaineCare ID: <i>self-explanatory. Leave blank if person does not receive MaineCare.</i>	ISC Approval (initials): <i>Self-explanatory</i>

Number pages consecutively throughout the Action Plan Face Sheet, Desire/Need, Continuing Services, Notification & Attendance, and any Interim face sheet and Plan

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